

CLAIMANT'S NAME M. Elizabeth Fini		SSN or EMPLOYEE NUMBER* [REDACTED]	DEPARTMENT Office of Research Advancement	
POSITION Vice Dean for Research	CB/ID No.	DIVISION or BUREAU Keck School of Medicine of USC		INDEX NUMBER
RESIDENCE ADDRESS * [REDACTED]		HEADQUARTERS ADDRESS [REDACTED]		TELEPHONE NUMBER (323) 442-7874
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Los Angeles	STATE CA
			ZIP CODE 90089-9023	

(1) NORMAL WORK HOURS [REDACTED]	(2) PRIVATE VEHICLE LICENSE NUMBER [REDACTED]	(3) MILEAGE RATE CLAIMED 0.500
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7)	(8) MEALS			(9)	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME			LODGING	BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
06/22	AM 11:00	ICOC Meeting in San Diego-travel to meeting from +									133.00	66.50		66.50
6/23	PM 15:00	Travel from San Diego to LA									133.00	66.50		66.50
6/22		Sheraton San Diego Hotel					7.83					0.00		7.83
6/22		Overnight Parking at Sheraton San Diego Hotel +								28.00		0.00		28.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			0.00	0.00	0.00	0.00	7.83	0.00		28.00	266.00	133.00	0.00	168.83
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$168.83

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

22-23) ICOC mtg in San Diego

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was reasonable and that the vehicle was properly maintained in accordance with the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt use.

CLAIMANT'S SIGNATURE [REDACTED]	DATE 7/22/2011	AGENT [REDACTED]	DATE
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(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

[REDACTED]	DATE
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